

To:

Board of Works

City of Lafayette

From:

Jennifer Shook

LTHC Homeless Services

Date:

May 25, 2022

Re:

Rescheduled date for street closing

LTHC Homeless Services (formerly Lafayette Transitional Housing Center) was approved for a street closing on May 21, 2022 for our event No Hero Should be Homeless motorcycle ride. For this event, the Board of Works approved 12th Street, between Salem and Union Streets, to be closed from 8 am – noon.

Unfortunately, due to the risk of severe weather on that day, LTHC made the decision to postpone the event. The safety of our riders was paramount. We have rescheduled the event to Saturday, August 13, 2022. I would like to request an amendment to your original approval for this date of change.

Please do not hesitate to contact me at <u>ishook@lthc.net</u> or 765-767-4051. Thank you for your attention in this matter and support of our Veterans Services Program.

Phone: (765) 423-4880

Email: jshook@lthc.net



SPECIAL EVENT - PUBLIC PROPERTY USER APPLICATION & AGREEMENT



DO NOT USE FOR

* Contractor vehicle permit

OR

* Single Day
Temporary Parking
Restriction
Request

DIRECTIONS

Step One:

- If this request involves closing a street
 Contact Lafayette Police Special Operations Division / 765-807-1293
- If this request involves renting the Big Four Depot Community Room, Riehle Plaza, or John T. Myers Pedestrian Bridge Contact Facilities Department for availability / 765-807-1323

Step Two:

 Complete and submit this application to Lafayette Clerk's Office City Hall, 2nd floor, 20 N 6th Street, Lafayette, IN / 765-807-1021

<u>User Information</u>
Date of Event: 5/21/2022 Time: From: 8 ³⁰ am/pm to: 12 ³⁰ am/pm Name: Jennifer Shook Organization: LTHC Homeless Services
Name: Jennifer Shook Organization: LTHC Homeless Services
Street Address: 815 North 12th Street
City: Lafayetk State: IN Zip Code: 47905
Contact person(s): Jennifer Shook Phone Number(s): 765. 767. 4051
Email: 1 Shook@Ithc.net
Event Description: motorcycle ride registration + start
Caterer: NA Caterer's Phone Number:
This event will utilize the following venues (check all that apply):
Big 4 Depot - Community Room Riehle Plaza John T. Myers Bridge
City Right-of-way City Street Sidewalk Other 12th Street between Union
This event will include the following elements (check all that apply):
Estimated Attendance: Private Trash Hauler (must be removed by 8am following day)
Street/Sidewalk/Right-of-way restriction or closure Food or Beverages
Restroom Facilities (required for events 4+ hours)
Alcohol (security is required) Security (required when serving alcohol)
Not sure if you need an A&E Permit? Go to: Amusement & Entertainment Permit #http://www.in.gov/dhs/2795.htm
Stage Dutdoor cooker/grill Other

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	Optional Equipment & Services:									
		Traffic Control: barricades, <i>No Parking</i> signs, water barriers, <i>Road Closed</i> Signs \$25								
A	City Equipment: Trash totes, other \$25									
,	Timetable (Minimum # of days. Advanced planning is encouraged; sequence remains the same)									
	0 7 days 14 days 21 days 42 day									
		Pre-pla	anning	Notices	Εν	pn	Event			
	Begin	1st week	2nd week	3rd week	4th week	6th week	Mayal			
		First contact	Submit Application Pre-event Meeting	Contact Neighbors prior to Board of Works Hearing	Board of Works Public Hearing & Approval			Date of Event		
<u> 4</u>	Application submittal checklist									
	X	Application								
		Pre-event meeting (if required)								
		Good Neighbor letter to neighboring properties (send or deliver to neighbors 7 days <u>prior</u> to Board of Works hearing)								
		Letter of reque	est to Board of	Works (omit i	if only using B	ig Four Depo	t community	room)		
		Receipt – payr	nent made to	City of Lafayet	te					
	•	Damage Depos	sit:	\$	en renting De	renting Depot)				
		Permit Fee:		\$	(fee	waived when	ed when renting Depot)			
	-	Rental Fee:		\$						
	■ Equipment & Services: \$ \$\\\\$25 \\ (optional)									
	X ·	Certificate of Insurance								
		Amusement & Entertainment Permit #								
]	Not sure if you need an A&E Permit? Want more information? Go to: http://www.in.gov/dhs/2795.htm and see definition of A&E Permit in Rule and Regulations instructions found at the same link as the Special Event Application								
		Traffic Control / Public Safety / Emergency Plan								
	\Box	User Agreement								

Board of Public Works and Safety meeting (if required)

USER AGREEMENT:

INDEMNIFICATION AND RELEASE. In consideration of being permitted the use of the venue(s) indicated above on this document (the "Property"), which Property is owned by the City of Lafayette, User as indicated below, for User and User's legal representatives, successors, and assigns, hereby releases waives and discharges the City of Lafayette, it officers, departments and employees and of them (herein collectively, "City") from all liability to User and User's officers, members, legal representatives, successors, invitees and assigns (herein collectively "User") from any and all loss or damage, and any claim of damages resulting therefore, on account of injury to persons or property arising out of possession or use of the Property, whether caused by the negligence of City, or any of them, or otherwise, resulting during the time the User is entitled to occupy and use the Property. User shall exercise the privileges under this Agreement at User's own risk, and irrespective of any negligence of City, User shall indemnify and hold City harmless from any and all liability for all damages, costs, losses and expenses resulting from, arising out of, or in any way connected with User's use and possession of the Property, including attorney fees incurred by City in defending any action arising out of User's possession or use of the Property, whether caused by negligence of the City, or any of them, or otherwise. City shall not be liable to User for any reason whatever User's occupation or use of the Property shall be hindered or disturbed. User agrees that User has made inspection of the Property and is not relying upon any representations of City or any of them as to the condition of state of repair of the Property or to its suitability for any particular purpose. This release, waiver, and indemnification is intended to be as broad and inclusive as permitted by the laws of the State of Indiana, and if any portion thereof is held invalid, the balance shall, notwithstanding, continue in full legal force and effect.

I have read the above Indemnification and Release and the Policy and Rules governing the use of any public property, city street, sidewalk or public property within the city's right-of-way, the James F. Riehle Plaza, Big Four Community Room, and John T. Myers Main Street Pedestrian Bridge. I agree on my own behalf, and on behalf of the group or organization I am authorized to represent, to such Indemnification and Release and to follow such Rules and Regulations which are incorporated and made a part of this user agreement.

"Lafayette Board of Works!" By:	"User" By: Signature
Date: 5 10 22	Printed: Jennifer Layton
	Date: 3/29/22



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/21/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

CONTACT Marci Kuhlman Account Manager

Henriott Group, Inc.						PHONE (A/C, No, Ext): (765) 429-5000 FAX (A/C, No): (765) 423-2599					
Renaissance Place							E-MAIL mkuhlman@henriott.com				
250 Main Street, Suite 650							INSURER(S) AFFORDING COVERAGE				NAIC#
Lafa	yette	е			IN 47901-1287	INSURER A: Philadelphia Indemnity Insurance Company				18058	
INSUE	RED					INSURER B: Allied Eastern Indemnity Company				11242	
		Lafayette Transitional Housing	Center	, Inc.		INSURE	Travalar	S	2 2 2		31194
		815 North 12th Street				INSURER D :					
						INSURE					
		Lafayette			IN 47904						
COV	ER.	AGES CEF	TIFIC	TIFICATE NUMBER: 2022-23 Liabil			INSURER F: Illity REVISION NUMBER:				
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD											
		ATED. NOTWITHSTANDING ANY REQU									
		FICATE MAY BE ISSUED OR MAY PERT JSIONS AND CONDITIONS OF SUCH PO							UBJECT TO ALL THE TERMS	•	
INSR	OLC		ADDL	SUBR		INLEGGO	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT		
LTR	×	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)				0,000
1	\sim								DAMAGE TO RENTED	4.00	0,000
		CLAIMS-MADE OCCUR							PREMISES (Ea occurrence)	00.0	8
			6		PHPK2360821		01/01/2022	01/01/2023	MED EXP (Any one person)	4.00	
Α		J			PHPK2300021		01/01/2022	01/01/2023	PERSONAL & ADV INJURY	\$ 1,000,000 \$ 3,000,000	
		N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	2.00	(5)
	×	POLICY JECT LOC							PRODUCTS - COMP/OP AGG	\$ 3,000,000	
	200-710	OTHER:	_						Professional Liability COMBINED SINGLE LIMIT	\$ 1,000,000 \$ 1,000,000	
		TOMOBILE LIABILITY							(Ea accident)	32	0,000
	×	ANYAUTO OWNED SCHEDULED							BODILY INJURY (Per person)	\$	
Α		AUTOS ONLY AUTOS			PHPK2360821		01/01/2022	01/01/2023	BODILY INJURY (Per accident)	\$	
		HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
									Underinsured motorist	\$ 1,000,000	
	\times	UMBRELLA LIAB CCCUR	ELLA LIAB OCCUR				01/01/2022	01/01/2023	EACH OCCURRENCE	\$ 2,000,000	
Α		EXCESS LIAB CLAIMS-MADE			PHUB796911				AGGREGATE	\$ 2,00	0,000
		DED RETENTION \$ 10,000								\$	
		RKERS COMPENSATION EMPLOYERS' LIABILITY						01/01/2023	➤ PER OTH-ER		
В	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A		6000001146		01/01/2022		E.L. EACH ACCIDENT	\$ 1,000,000	
	(Mar	ICER/MEMBER EXCLUDED?					0110112022		E.L. DISEASE - EA EMPLOYEE		
	DES	s, describe under CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000	
	Fm	polovee Dishonesty	vee Dishonesty					Limit	250,	000	
С		iployee Distroffcety			106436472		01/01/2022	01/01/2023	Deductible	1,00	0
DESC	RIPT	TION OF OPERATIONS / LOCATIONS / VEHICL	ES (AC	ORD 1	01, Additional Remarks Schedule,	may be a	ttached if more s	pace is required)			
EVE	NT:	Veterans Program - Motorcycle ride M	ay 21,	2022							
CERTIFICATE HOLDER CANCELLATION											
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN) BEFORE				
City of Lafayette						(0.000000000000000000000000000000000000			F, NOTICE WILL BE DELIVEF Y PROVISIONS.	ED IN	
						,,,,,					
20 North 6th Street						AUTHORIZED REPRESENTATIVE					
						a a hail / O Araata					
Laayette IN 47901				IN 47901	marci Kuhlman						

HM Salvatin X= barriers Salem 13Th

MISCELLANEOUS PAYMENT RECPT#: 3186353 City of Lafayette, IN 20 N 6th St Lafayette IN 47901

> TIME: 12:48 DATE: 04/18/22

CLERK: sscott DEPT:

CUSTOMER#: 999 MISC CUSTOMER

COMMENT: MOTORCYLE RIDE

CHARGES:

APG1 APPLICATION FEE 25.00

25.00 AMOUNT PAID:

PAID BY: LAFAYETTE TRANS HOUS

PAYMENT METH: CHECK

22407

REFERENCE:

AMT TENDERED: 25.00 25.00 AMT APPLIED:

CHANGE: .00